MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03442

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AH. 8-53

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) James (Last) Armwood

4. DATE OF DEATH: (Month) Mar. (Day) 9, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster shucker

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Somerset Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noah Armwood

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service) June 1916 Retr'dated July 1919

16. SOCIAL SECURITY NO.: 217-07-7428

17. INFORMANT & ADDRESS: Hubbard Armwood - Son Marion Sta., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331x

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Heavy drinker of alcoholics

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4 1953, to Mar 9 1953, that I last saw the deceased alive on Feb 4 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

H. E. Carlton M.D. Pocomoke City Md. 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Mar 13, 1953 — NAME OF CEMETERY ~~OR CREMATORY~~ Branch — LOCATION (City, town, or county) (State) Marion Sta., Md. Som.

DATE REC'D BY LOCAL REG. March 10, 1953 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR — ADDRESS

Chas. H. Ward, Marion Sta., Md. Box 235.

RECEIVED
MAR 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03443

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 R.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Pocomoke City Rural #3
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) (Last) Beckett

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 13 - 1867

9. AGE last birthday: 86-6-20 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pocomoke City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: William H. Selby 1843 Wilde St

18. MEDICAL CERTIFICATION Phila - 46 Da.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia — DUE TO — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertension arteriosclerotic — DUE TO
(c) cardio vascular renal disease — unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to March 3, 1953, that I last saw the deceased alive on March 2, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (DEGREE OR TITLE) M.D. ADDRESS Snow Hill Md DATE SIGNED 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 7/53 — NAME OF CEMETERY OR CREMATORY Georgetown Methodist — LOCATION (City, town, or county) Pocomoke City Rural (State) Md

DATE REC'D BY LOCAL REG. March 6, 1953 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Wray B. Dennis — ADDRESS Snow Hill Md

RECEIVED
MAR 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03444

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt Ocean City, Md
LENGTH OF STAY (in this place) 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt Ocean City, Md.
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) Peter (Last) HALL

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 19 53

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH UNKNOWN Aug 1 1866 | 9. AGE last birthday 86 APPROX yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer & FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (State or foreign country) Millsboro Delaware | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN | 14. MOTHER'S MAIDEN NAME SARA PARSONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 219-01-6462 | 17. INFORMANT AND ADDRESS Wife - Mrs Cora M. Hall.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebral thrombosis	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Townsend M.D. Deputy Medical Examiner Worcester County Ocean City Md. Mar 28, 1953.

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 3/30/53 | NAME OF CEMETERY OR CREMATORY Evergreen | LOCATION (City, town, or county) (State) Berlin, Md.

DATE REC'D BY LOCAL REG. 3-30-53 | REGISTRAR'S SIGNATURE Helen I Hayward | 24. FUNERAL DIRECTOR Peter Whaley Salisbury, Md ADDRESS

RECEIVED
APR 2 1953
BUREAU V.I.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

113445

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree R.D; LENGTH OF STAY (in this place) 4½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	E	Hayward	March	13	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Single	Feb. 11, 1867	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E. Hayward	Sarah Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Mrs. William E. Waddy Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4423

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Renal Syndrome — 10 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 15, 1950, to March 13, 1953, that I last saw the deceased alive on March 12, 1953, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE Rev. H. LeMar (Degree or title) MD ADDRESS Snow Hill. DATE SIGNED 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 17, 1953	St. Mary's Episcopal	Pocomoke City Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/17/53	LeRoy Smith	Henry H. Watson, Pocomoke

RECEIVED
MAR 24 1953
BUREAU V. S.

03446

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City Rural Town
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City Rural Town
STREET ADDRESS (If rural, give location) 1½ miles of Pocomoke Pullet town

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) Ulysses (Last) Long
4. DATE OF DEATH (Month) March (Day) 13 (Year) 1953

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 18-1937
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work
10b. KIND OF BUSINESS OR INDUSTRY Dairy & Agriculture
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME John Willis Long
14. MOTHER'S MAIDEN NAME Edna Belle Kirkwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Edna Bell Long (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

982X Immediate cause (a) Homicide by cutting instrument Knife — Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Loafing around Beer joint late at night

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road R2D. (CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hours) Mch 13-53 11:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Cut by a knife during a row. Chest wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE Dr N. E. Sartorius (Degree or title) Dep. Med Exam ADDRESS Pocomoke City Md DATE SIGNED 3/14/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/17/53
NAME OF CEMETERY OR CREMATORY Tindley's Cemetery
LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. March 17, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415A

RECEIVED
MAR 19 1953
BUREAU V. S.

03447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City.
STREET ADDRESS (If rural, give location) Phila. Ave.

3. NAME OF DECEASED (Type or Print) (First) Louisa (Middle) Martha (Last) Mumford
4. DATE OF DEATH (Month) Mar. (Day) 28 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan. 14, 1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Radcliffe Mumford
14. MOTHER'S MAIDEN NAME Elizabeth MacClaine.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Miss. Marion Mumford. Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma ascending colon

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiorenal disease 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to Mar 28, 1953, that I last saw the deceased alive on Mar 28, 1953, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Nathaniel L. Thomas (Degree or title) M.D. ADDRESS Ocean City DATE SIGNED 30 Mar 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/31/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. Mar 30, 1953
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Irene A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

T

APR 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY Bronx
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Snow Hill Pkg) LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N.Y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest	STREET ADDRESS (If rural, give location) 818-820 American Ave

3. NAME OF DECEASED (Type or Print) (First) Lambros (Middle) (Last) Paraschos

4. DATE OF DEATH (Month) Mch. (Day) 5 (Year) 1953

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 1893 | 9. AGE last birthday 60 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Breaking laurel | 10b. KIND OF BUSINESS OR INDUSTRY Evergreen Suppliers | 11. BIRTHPLACE (State or foreign country) Sparta, Greece | 12. CITIZEN OF WHAT COUNTRY N.S.A.

13. FATHER'S NAME Elias Paraschos | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War 1 | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mr Elias L Paraschos 35 Wiggins ave Patchogue Long Island N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Anginal attack (Having them lately) — INTERVAL BETWEEN ONSET AND DEATH Instantly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably Coronary Disease — D.K.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death over exertion at work

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☑ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr N. E. Antonius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 3/5/53

INTERMENT (City)	DATE THIRD	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 10/53	Pine Lawn National Cemetery	Farmingdale	N.Y.

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
3/7/53	LeRoy Smith	Clay E. Dennis	Snow Hill Md

Transportation Permit issued for shipment from Salisbury, Md 3/7/53

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03449

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) W. (Last) Perdue
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 25-1871
9. AGE last birthday: 81-10-25 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Parsonburg Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John D. Perdue
14. MOTHER'S MAIDEN NAME: Martha Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Handy B. Truitt, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442x

Immediate cause (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular Renal syndrome — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to March 20 1953, that I last saw the deceased alive on March 15, 1953, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Robert L. La Mar, MD Snow Hill 3-21-53

23. BURIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 23/53
NAME OF CEMETERY OR CREMATORY Harvest Grove
LOCATION (City, town, or county) (State) Parsonburg, Wicomico Md

DATE REC'D BY LOCAL REG. 3/21/53
REGISTRAR'S SIGNATURE Leroy Smith CMC
24. FUNERAL DIRECTOR Wm B Timmins Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
MAR 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]453

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Pocomoke
STREET ADDRESS (If rural give location) Peter Tarr farm

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) T. (Last) REDDEN
4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1953
5. SEX: Female Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: March 28, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jesse Tatman
14. MOTHER'S MAIDEN NAME: Emerick Watson (Emerick Watson)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr. Ray Redden, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — years.
DUE TO (c) Arteriosclerosis — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fatigue - mental & physical

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1953, to Mch 27, 1953 that I last saw the deceased alive on Mch 26, 1953, and that death occurred at 5:45 AM from the causes and on the date stated above.
SIGNATURE W. E. Sartorius Mr. (Degree or title) ADDRESS Pocomoke City, Md DATE SIGNED 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/29/53
NAME OF CEMETERY OR CREMATORY Bethany Methodist
LOCATION (City, town, or county) Pocomoke, Md. (State)
DATE REC'D BY LOCAL REGISTRAR March 29, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02154

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Worcester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill

LENGTH OF STAY (In this place): all life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 512 Collins St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill

STREET ADDRESS (If rural, give location): 512 Collins St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) H. (Last) Robins

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	A A	married	About 1877	About 76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Wilsons Plumbing	Snow Hill, Worcester Co. Md	U.S.A

13. FATHER'S NAME: Sydney Robins

14. MOTHER'S MAIDEN NAME: Alice Rocksbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	yes - Lost	Mrs. Emma Robins, 512 Collins St. Snow Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Disease	Few Hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	2 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	CITY OR TOWN	(COUNTY)	(STATE)
		Snow Hill	Worcester	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1951, to Mar. 13 1953, that I last saw the deceased alive on Mar. 12, 1953, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Herbert Lemby M.D. ADDRESS Salisbury Md DATE SIGNED 3/14/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-16-53	Ebenezer Cemetery	Snow Hill, Worcester Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/16/53	LeRoy Smith	STEWART FUNERAL HOME	324 E. Church St.
		Mary A. Stewart, Salisbury, Maryland	

VS. 416 2-51

RECEIVED
MAR 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Merrill Farm 3 Miles East

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke City Md; STREET ADDRESS (If rural, give location) Wm Merrill Farm

3. NAME OF DECEASED (Type or Print): (First) Johnnie (Middle) May (Last) Robinson

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 6 1953

9. AGE last birthday: yrs. 0; If under 1 year: Months; Days 15; If under 24 hr.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Winfield Robinson

14. MOTHER'S MAIDEN NAME: Lodie May Mc Bride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mattie Mc Bride (Grandmother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5711.0 Immediate cause (a) Pneumonia & Enteritis — Interval Between Onset and Death: 4 days +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Undetermined Infant

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY — OR CONTRIBUTING # CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy —, Inspection —, Inquiry † thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from † natural causes, accident —, suicide —, homicide —, undetermined —.*

SIGNATURE (Degree or title) Dr. M. Antonio — Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 3/17/53

MODE OF DISPOSITION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 19 1953	Unionville M E Ch	Rural Pocomoke Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 19, 1953	Anne E. White	Henry H. Watson, Pocomoke, Md.

41-32-34-4

MAR
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03451

CERTIFICATE OF DEATH

Reg. Dist. No. 3-55

1. PLACE OF DEATH:

COUNTY: Worcester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin

LENGTH OF STAY (in this place): 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Berlin, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.

STREET ADDRESS (If rural, give location): 1766 Florida Ave., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Tharrington

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	A. A.	Married	About 1892	About 61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Employee	U.S. Government	Berlin, Worcester Co. Md.	U.S.A.

13. FATHER'S NAME: William Derrickson

14. MOTHER'S MAIDEN NAME: Mary H. Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mr. Frank Tharrington, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X

Immediate cause (a) Chronic Int. Nephritis — INTERVAL BETWEEN ONSET AND DEATH: — ? —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Hemorrhage — ? —

DUE TO

(c) Hypertension — ? —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-53, 19..., to 3-13-53, 19..., that I last saw the deceased alive on 3-12-53, 19..., and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schott (DEGREE OR TITLE) M.D. ADDRESS: Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-18-'53	Evergreen Cemetery	Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-18-53	Helen T. Hayward	STEWART FUNERAL HOME Mary A. Stewart, Salisbury, Md.	324 E. Church St

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 23 1953
BUREAU V. S.

Item 18 Film G152 3-13-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03452

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville; LENGTH OF STAY (in this place) 34 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville Md; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Levin (Last) Simmons

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 1889

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Md State Hwy.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac James Simmons

14. MOTHER'S MAIDEN NAME: Lucinda Daisey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT AND ADDRESS: Mrs Edna Simmons Whaleyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2377

Immediate cause (a) Brain Tumor - Not malignant — Interval Between Onset and Death: Apr 52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Nephritis — Mar 53

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Mar 4, 1953, that I last saw the deceased alive on Mar 4, 1953, and that death occurred at 1205 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R. Law Berlin Mar 5-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3-7-53 | NAME OF CEMETERY OR CREMATORY Dale | LOCATION (City, town, or county) Whaleyville (State) Md.

DATE REC'D BY LOCAL REG. 3-7-53 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR ADDRESS Peter Whaley Selbyville, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 11 1953
BUREAU V. S.